

Coloplast® Care Program

Patient Enrollment Form

Fax form to: 1-800-501-8533

Additional ways to enroll your patients in the program:

Email: care-us@coloplast.com

Website: www.coloplastcareenroll.com

Call: 1-877-858-2656

✉ Click here to email this form

1. Patient Information

First Name*: Last Name*:

Address*: Apt#:

City*: State*: Zip Code*:

Phone*: Email: _____

† By providing an email address the patient consents to the receipt of personalized support through Coloplast® Care Online.

Date of Birth: / / Language: English Spanish Other: _____

Preferred Supplier (optional) _____

Primary Insurance Provider _____ Secondary Insurance Provider _____

2. Date of Surgery: / / Type of Surgery: Colostomy Ileostomy Urostomy Stoma size: _____ inches-mm

What product was worn at the time of patient discharge? Coloplast Hollister ConvaTec Other _____

3. Sample Request Check product options below or write in Coloplast product numbers: _____

Adult Pouching Systems

SenSura® Mio

- Flat
- Soft Convex
- Convex Light
- Deep Convex
- Convex Flip

SenSura® (standard)

- Flat
- Convex Light

SenSura Xpro (extended)

- Flat
- Convex Light

1-Piece or 2-Piece

- 1-Piece
- 2-Piece Click
- 2-Piece Flex

Cut Style

- Cut-to-fit
- Pre-cut

Pouch Color

- Opaque
- Transparent

Pouch Closure

- Closed
- Drainable
- Urostomy
- High Output

Filter

- Yes
- No

Pediatric Pouching Systems

Age (Older than 4? Refer to adult section)

- Neonate (<6 months)
- Toddler/Child (up to 4 years)

1-Piece or 2-Piece

- 1-Piece
- 2-Piece Flex

Pouch Closure

- Drainable
- Urostomy

Pouch Color

- Opaque
- Transparent

Accessories

- Belt XL Belt
- Elastic Barrier Strip
- Y-shape
- Curved
- Straight
- XL
- Adhesive Remover Wipes
- Lubricating Deodorant
- Protective Seal
- Paste (alcohol-free)
- Strip Paste
- Powder
- Prep Wipes
- Skin Barrier Wipes

Living Well DVD

Educational materials only

Other Notes

4. Clinician Name††:

Facility Name*:

Facility Address:

City: State: Zip Code:

Clinician Signature: _____ Date: _____

†† I acknowledge that I have read the Coloplast® Care Program Description and Terms of Enrollment to the patient and the patient consented.

*Indicates required field.

Coloplast® Care Program Description and Terms of Enrollment: Coloplast® Care is an ostomy patient support program designed to provide support for ostomy patients in two distinct phases. Phase I relates to individualized engagement support, initiated typically within the first three months following ostomy surgery. In Phase II enrollees are provided with ongoing online and email support for living well in the community — for as long as enrollee desires to receive educational information from Coloplast. Coloplast® Care Phase I incorporates active engagement with a dedicated Coloplast® Care Advisor, including direct phone support with information and guidance about ostomy care, proper use of Coloplast ostomy products, support locating a product supplier, as well as information regarding product reimbursement. Phase I of Coloplast® Care also includes: A welcome kit that includes a welcome letter, ostomy product samples 'Instructions for Use', a handy travel bag, accessory samples, a marking pen, medical scissors, a mirror, and a stoma measuring guide. Personalized emails with relevant information, articles, tips and advice, that address enrollee needs with inspirational stories, and answers to lifestyle-related questions. The transition into Phase II occurs when the enrollee becomes more independent and confident with his or her ostomy product and daily routines. Phase II is designed to provide ongoing relevant information and support via email contact for each stage in the ostomy journey. Personalized emails contain Coloplast® Care website links to articles, advice, inspirational stories, and answers to lifestyle questions that may be of interest. By enrolling in Coloplast® Care, independently or through my healthcare provider, I agree that Coloplast may contact me by phone (including my cell phone if that is the number I provided), text message (sms), e-mail, hard copy letter, or other means of communication but only for the purposes referred to above. I also give Coloplast my permission to interact with the healthcare provider or product supplier in connection with the support I receive through Coloplast® Care. I understand that I can unsubscribe at any time if I do not want to receive communication from Coloplast related to my participation in the Coloplast® Care program any longer. I understand that to unsubscribe, I may call Coloplast at 1-888-726-7872 or I may unsubscribe at any time by clicking the unsubscribe link at the bottom of any email I receive through the Coloplast® Care program.